

Sheet 1 of 3
Attorney Docket No.: ACUITY-028XX

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
Method and Apparatus for Controlling a Package Handling System

the specification of which (check one):

is attached hereto. was filed August 14, 2001 as Serial No.
09/929,274.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Date Filed</u>	<u>Priority Claimed</u>
(Number)	(Country)	(Day/Month/Year) Yes No
(Number)	(Country)	(Day/Month/Year) Yes No

I hereby claim the benefit under Title 35 USC 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Patented/pending/abandoned)
(Application Serial No.)	(Filing Date)	(Patented/pending/abandoned)

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Attorney Docket No.: ACUITY-028XX

I hereby claim the benefit under Title 35 USC 119(e) of any United States provisional application(s) listed below:

(Application Serial No.) (Filing Date) (Patented/pending/abandoned)

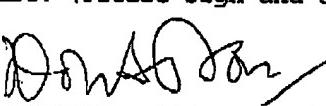
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Daniel J. Bourque, 35,457
 Kevin J. Carroll, 36,384
 R. Anthony Diehl, 38,432

Address all correspondence to:

Bourque & Associates, P.A.
 835 Hanover Street, Suite 301
 Manchester, NH 03104
 Telephone: (603) 623-5111
 Facsimile: (603) 624-1432

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor: .		
Don A. Tran		
City of Residence Lakeworth	State or Country Florida	Country of Citizenship United States
Post Office Address 7444 Greenville Circle	City Lakeworth	State or Country Zip Code 33467
Signature: (Please sign and date in permanent ink.) x 		Date signed: x 10/16/01



09979274, 04-1202

Sheet 1 of 3

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the specification of which (check one):

[] is attached hereto. [x] was filed August 14, 2001 as Serial No. 09/929,274.

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(Application Serial No.)	(Filing Date)	(Patented/pending/abandoned)
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Full Name of First Inventor:		
Don A. Tran		
City of Residence Lakeworth	State or Country Florida	Country of Citizenship United States
Post Office Address 7444 Greenville Circle	City Lakeworth	State or Country Zip Code 33467
Signature: (Please sign and date in permanent ink.) X 		Date signed: X 10/16/01

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PAGE 01/01

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal.

Kevin E. Duffey

State of New Jersey
County of Burlington

Date: 10/24/01

)
) ss.
)

Subscribed and sworn to before me by the above-named Kevin E. Duffey this 24th day of October, 2001.

Maria Wolf
Notary Public

My Commission Expires:

(Seal)

MARIA WOLF
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Jan. 22, 2003